

**REPORT TO THE
TWENTY-THIRD LEGISLATURE
STATE OF HAWAI'I
2005**

**PURSUANT TO ACT 41,
SESSION LAWS OF HAWAII, 1992
ESTABLISHING THE
PRIMARY HEALTH CARE INCENTIVE PROGRAM
AND THE PRIMARY CARE ROUNDTABLE**

**PREPARED BY:
DEPARTMENT OF HEALTH
STATE OF HAWAI'I
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BACKGROUND

The State Legislature established a Primary Health Care Incentive Program through Act 41 of the Session Laws of Hawai‘i 1992. This program was established within the Department of Health to assess and develop strategies to address the primary health care needs of medically underserved populations of Hawai‘i. An integral component of this program was the creation of the Primary Care Roundtable that is a volunteer group composed of individuals interested in primary care issues. It acts in an advisory capacity to the Department of Health and the Legislature on primary health care issues.

The Family Health Services Division of the Department of Health provides staff support for the Roundtable. Funding for the staff comes primarily through the federal Primary Care Office grant. No funds are allocated by the state for the Roundtable.

Statewide meetings of the Roundtable are usually held quarterly via interactive television and video conferencing provided at the State Video Conference Centers and the University of Hawai‘i Interactive Television System. Also included are twelve rural hospital sites of the Hawai‘i Health System Corporation. Supplemental meetings and briefings are called whenever appropriate.

ACTIVITIES OF THE ROUNDTABLE IN 2004

During 2004, the Primary Care Roundtable continued with its plan to focus on the “four pillars” of primary care. The goal this year was to expand the number of agencies and people who participate in these video conferences. The reasoning for this was that in highlighting these agencies, their affiliated groups would “come-on-board.” The Roundtable featured each of these pillars and provided these agencies a forum to foster dialogue on key issues, concerns, and accomplishments. These pillars are: the Department of Health; the Native Hawaiian Health Care System; the Department of Human Services; and the Hawaii Primary Care Association.

Each quarterly video-conference “spot-lighted” a single pillar. The focused primary care forum began with the Fall quarter of 2003 with Dr. Chiyome Fukino of the Department of Health. In 2004 the video conference forums continued our focus with the next three “pillars.”

1. Native Hawaiian Health Care System – the winter Video Conference forum featured the NHHCS. The NHHCS services the native Hawaiian population. Many of these services are located in rural areas on the neighbor islands. Areas that struggle with access to health services continue to be rural in nature.
 - Papa Ola Lokahi was the highlighted agency. They presented their vision of health care services to the native Hawaiian population, access issues, barriers to providing care, and funding obstacles. Each of their neighbor island member health care systems gave a report. Obstacles they encounter include recruiting and retaining health professionals, limited

resources, and isolation issues (which are related to rural nature of the areas that they serve).

- Neighbor Island reports expanded on the issues that affect rural health. These include the difficulty in maintaining staff, the health care needs of the native Hawaiian community, the health disparities that neighbor island people have versus urban Oahu, and poverty concerns.
- Health specific issues that affect the Native Hawaiian population were highlighted by 'Imi Hale, the research & training network for Papa Ola Lokahi.
 - The infrastructure and objectives of the NHHCS were presented by its research board. Papa Ola Lokahi presented their plan to have a cancer awareness program. It addressed issues within the broader cultural, social, economic and political context.
 - Community based research and outreach was discussed
- Cancer research data was presented by 'Imi Hale and pointed out the health disparity differences between native Hawaiians versus the rest of the population.
 - 'Imi Hale presented data on health conditions: Cancer, heart disease, diabetes, and influenza/pneumonia are significantly higher in the native population as compared to the general population. They also presented research tools used to obtain these health disparity data.
 - The NHHCS's current activities were presented which include community outreach, smoking cessation programs, cancer screening projects, breast and cervical cancer screening, and cultural competency programs.
- Finally, recruitment of health professionals was discussed which included the successful recruitment of a nurse who is an officer of the Health Resources & Services Administration.

2. The Department of Human Services – featured speaker, Director Lillian Koller, Esq.

- The Director of the Department of Human Services conveyed the vision of the DHS on primary care issues, Medicaid access issues, and new developments in health issues.

- The director strongly articulated how her department was addressing key issues like Med QUEST health care access issues. DHS is exploring ways in which they can expand the number of adults that can be covered by Med QUEST, while still maintaining coverage for children. The key obstacles continue to be funding issues. DHS has stressed the simplification of the Med QUEST application process. The application was simplified to help the processing of new claims. Improvement in customer service has been stressed during Director Koller's tenure.
 - New Developments – two initiatives that have been promoted by DHS are the Pregnant Immigrants bill and the Hawaii Rx Plus Program.
 - The purpose of the pregnant immigrants bill is to extend medical coverage to a segment of the population that does not qualify for coverage. This would ensure that immigrant mothers receive adequate prenatal care.
 - Hawaii Rx Plus Program is aimed at the high cost of medication. This program is a prescription drug assistance program designed to reduce the price of prescription drugs to qualified participants, keep administrative costs to a minimum, streamline the application process, prevent the crowding out of prescription drug benefits already available through the Hawaii Pre-Paid Health Care Act, and to protect the rights and benefits of the Medicaid population. It was initiated this year and the Director believes it will be effective in reducing the cost of medications.
 - Major Accomplishment for DHS in 2004 – Director Koller identified major successes that her Department has accomplished during her tenure.
 - To expedite the processing and awarding of Med QUEST, DHS has created a separate application form (“pinkie” form) directed at the enrollment of women and children. The goal is to reduce the delay and red-tape in applications for this population.
 - DHS has spent a considerable amount of effort to increase the number of providers and facilities to serve the dental needs of the Med QUEST population. Dental health care access for the Med QUEST population is a challenge, especially in neighbor island and rural areas. DHS is seeking to establish stronger partnerships to meet demand.
3. The Hawaii Primary Care Association – the final “pillar” in primary care access series. The fall 2004 Roundtable forum examined the PCA and its community health center partners. The PCA Roundtable expanded on the three previous forums. The issues discussed included:

- The promotion of tele-health for diagnosis and health care for remote areas within our state or areas without trained health professionals.
- The promotion of a medicine bank and pharmacy network to assist with those without access to affordable medication
- Finally, the PCA discussed its legislative agenda for 2005.

PLANS FOR 2005

The Roundtable and its membership are committed to continue taking an active role in making recommendations to the Department of Health and the Legislature. Future Roundtables will focus on strategies to improve health care access.

Future topics include:

- Workforce development promotional activities.
- Dental health care issues.
- Promotion and expansion of mental health care services for the Med QUEST and rural population.
- Collaboration strategies for public health partners.